

Travel Medicine

Dr. Abdullah Bin Salamah, MBBS, MPH

Lecturer in Public Health

Department of Family and Community
Medicine

abinsalamah@ksu.edu.sa



Objectives

- Define travel medicine and its importance
- Levels of travel medicine (pre, during, post)
- Pre-travel consultation (risk assessment, risk management, immunization, prophylaxis, self-medications)
- Immunization (required, recommended, routine)
- Other infections (malaria, zika, traveler's diarrhea)
- Prevention (food, water and personal precautions, environmental precautions, vector and animal precautions, injury precautions)
- Travel emergency kit
- Post-travel care

What is travel medicine?



An interdisciplinary specialty concerned with prevention, early detection, and research of health problems associated with travel.



What does travel medicine do?

Seeks to prevent illnesses and injuries occurring to **travelers** going abroad

Manages problems arising in travelers **coming back** or coming from abroad

Impact of **tourism** on health and to improve health and safety services to tourists


Refugee and migrant health

Why travel medicine?

WORLDWIDE

- 1950 - 25 million international tourist arrivals
- 2000 - 664 million international tourist arrivals
- 2010 - 940 million international tourist arrivals (growth rate 7% from 2009)
- 2030 – forecast 1.8 billion

World Tourism Organisation



Importance of travel medicine

Of 100,000 travellers to the developing world for 1 month

- 50,000 will develop some sort of health problem during their trip
- 8,000 will see a physician
- 5,000 will have to stay in bed
- 300 will have to be admitted to hospital either during their trip or on return
- 50 will need to be air evacuated
- 1 will die

Ref. Spira AM Lancet. Vol 361. April 19, 2003

Concerns

- International travel carries a risk for travelers, community of origin and community of destination
- The risk for travelers includes diseases, injuries and death

Types of travelers

- Tourists
- VFRs (visiting friends and relations)
- Business travellers
- Migrant workers
- Military
- Aid and Development workers
- Students
- Gap Year travel
- Refugees
- Pilgrims

Special populations

Elderly travellers

Infants and children

Pregnant women

Travellers with chronic diseases

Travellers with disability

Immunocompromised traveller

Special journeys

- Cruise ship travel
- Diving
- Extended stay
- Extreme travel
- Mass gatherings (eg. The Hajj)
- Wilderness/remote regions travel

❖ Risk depends on destination

Components of travel medicine

Pre-travel

During travel

Post-travel

Pre-travel consultation (4-6 weeks before departure)

Risk assessment (potential hazards)

Risk management (advice to reduce exposure to health risks)

Service delivery: immunization, prophylaxis or self-medications

Empower traveler to manage his health

Risk assessment

Information about travelers

- Age and sex
- Medical history
- Medications
- Allergies
- Immunization history
- Special health needs

Information about trip

- Destination
- Length of stay
- Mode of transport
- Purpose of trip and planned activities
- Financial budget, accommodation, insurance
- Healthcare in destination

Risk factors and health problems facing international travelers

RISK

- Overcrowding
- Low sanitation
- Climatic change
- Vector of diseases
- Stray animals
- Unsafe roads
- Security problems

HEALTH PROBLEMS

- Aggravation of existing problem
- Food and water borne infections
- Air borne infections
- Unintentional & Intentional Injuries
- Vector borne diseases
- Zoonotic diseases

Common diseases associated with international travel

Gastrointestinal

- Traveler's diarrhea
- Typhoid fever
- Hepatitis A
- Cholera
- Poliomyelitis

Respiratory diseases

- Influenza
- Meningitis
- Mers-Cov
- Tuberculosis
- **Covid-19**

Vector borne diseases

- Yellow fever
- Malaria
- Dengue fever
- Leishmaniosis
- Japanese encephalitis

Behavior related

- Sexually transmitted diseases

Zoonotic diseases

- Rabies

Blood borne

- Hepatitis B

Soil borne

- Tetanus

Unintentional and intentional injuries

Road traffic injuries

Inter-personal violence

Injury in recreational water

Animal bites (domestic and wild animals)

Risk management (give advise)



Food and water safety and hand hygiene



Insect bite prevention



Immunization



Malaria prevention

Risk management (give advise)



Personal safety (RTA, fall, drowning, fire, robbery, STD)



Environmental risks (sun exposure, heat, high altitude, motion sickness, DVT)



Travelers with special needs (chronic disease, children, pregnant)



Traveler's medical insurance

Preventive measures for common diseases among international travelers

Immunization

or
and

Chemoprophylaxis

General measures for the prevention of infectious diseases

Immunization

- Routine
 - Childhood immunizations
- Recommended
 - According to risk of infection
- Required
 - Yellow fever vaccine
 - Meningococcal vaccine
 - Covid-19 vaccine ?



Routine immunizations

In KSA	Others in other countries
Hepatitis A	Human papilloma virus
Hepatitis B	Tick borne encephalitis
BCG	Influenza
DPT	
MMR	
Polio	
Pneumococcal	
Meningococcal	
Rota virus	
Varicella	
Hemophilus influenza	

Required immunizations

Yellow fever (international health regulation)

Meningococcal meningitis: by Saudi Arabia for Hajj and Umrah and seasonal workers.

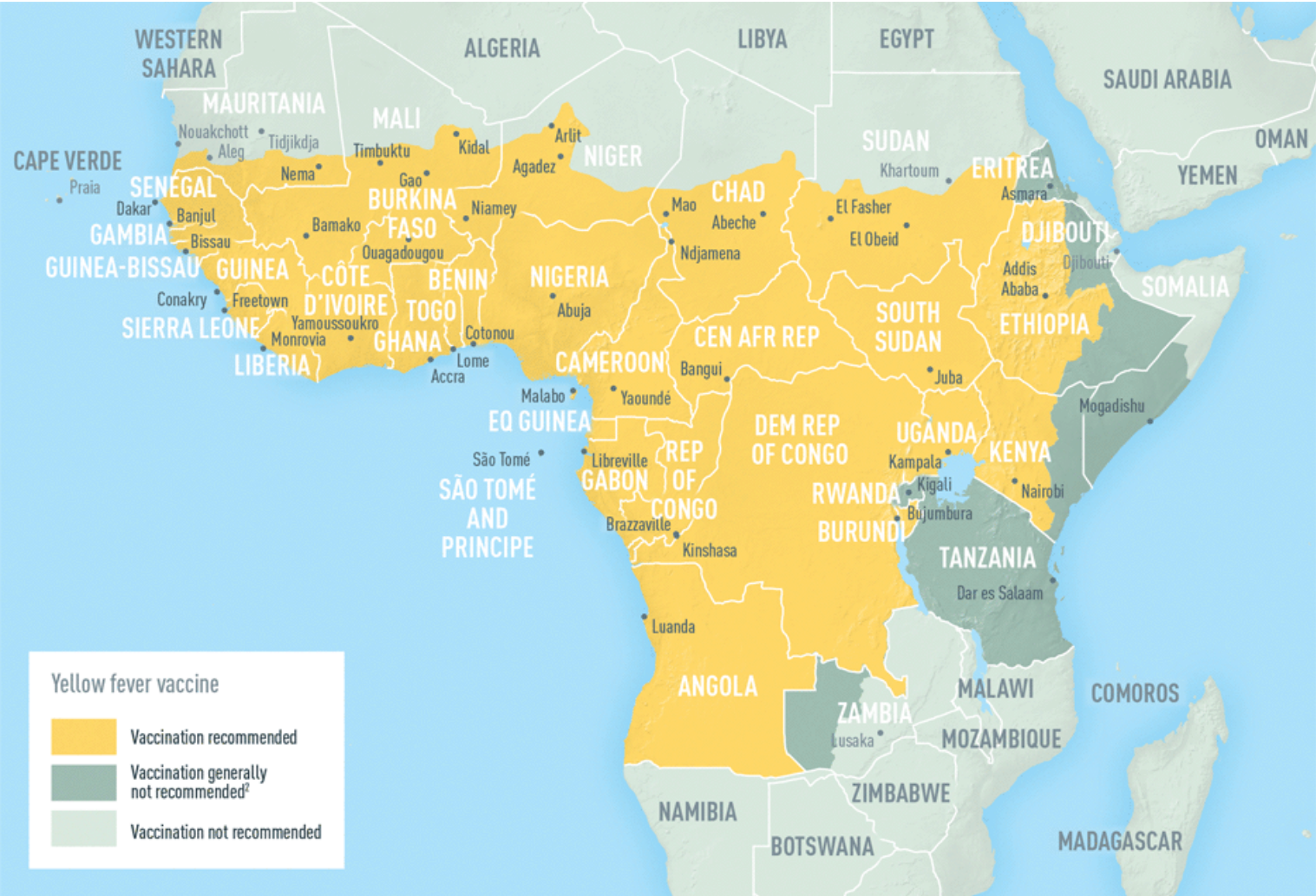
Polio

Yellow fever vaccine

Required for travelers to a country under the **International health regulations.**

Recommended: for travelers to **endemic** area.

Yellow fever vaccine recommendations



Yellow fever vaccine

- Live attenuated virus vaccine
- Single subcutaneous injection
- Immunity starts after 10 days
- Valid for 10 years
- **Not recommended for**
- Infants < 9 months
- Immune compromised patients
- Pregnant women
- Egg allergies
- HIV-positive individuals

Meningococcal meningitis

- **Required:** by Saudi government for **Hajj** or Umrah.
- **Recommended:** for travelers to **endemic** area.

Risk:

- Sub-Saharan Africa (seasonal)
- Saudi Arabia (Hajj)
- Crowded student dormitory situations

Meningitis belt



Meningococcal vaccine

- Single dose (injection)

Protection

- Protection is for 3–5 years in adults and older children
- Not effective for children below 2 years

Recommended immunizations (according to risk)

Hepatitis A, B

Typhoid

Cholera

Poliomyelitis

Meningococcal meningitis

Japanese encephalitis

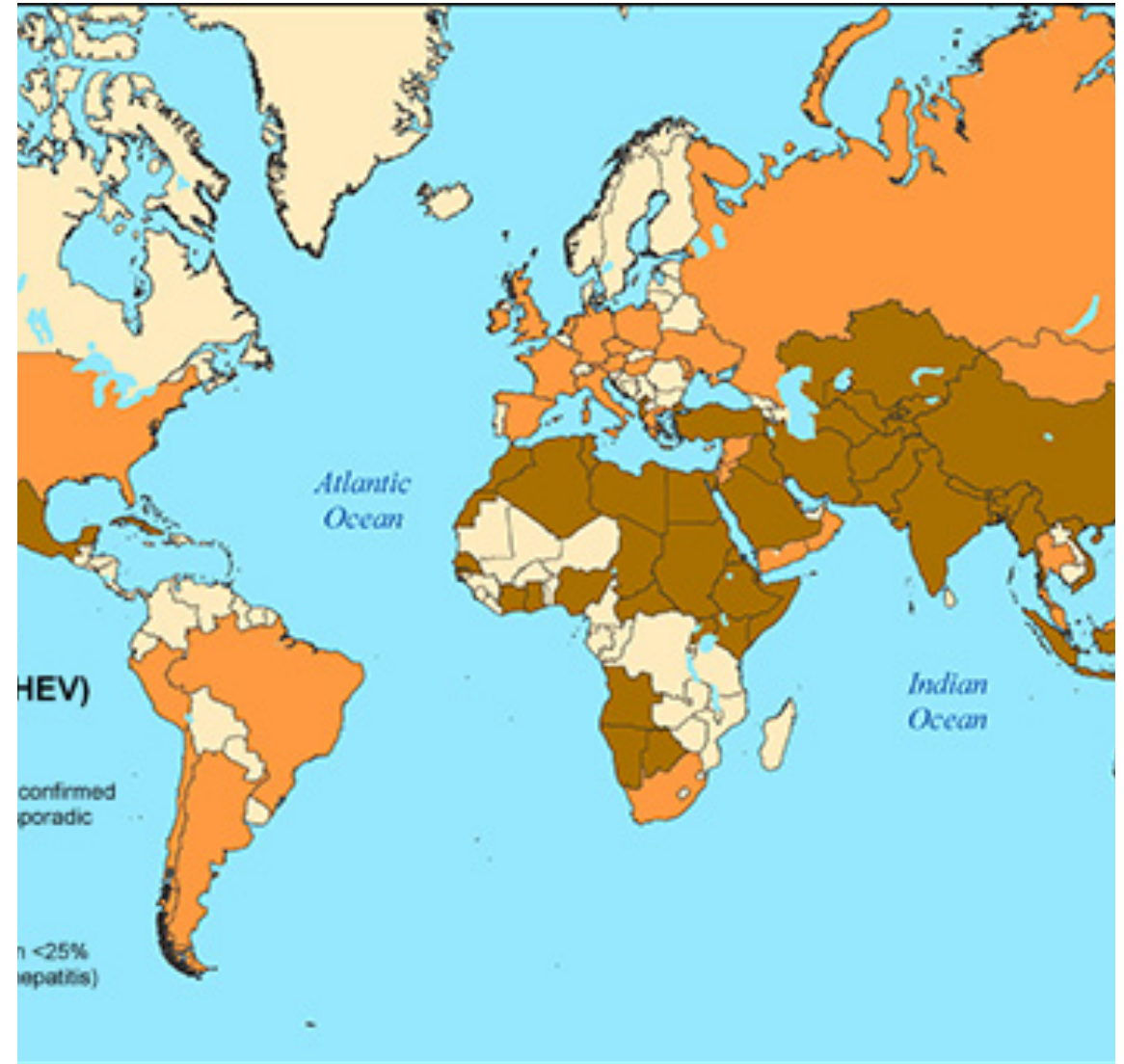
Rabies

Tick-borne encephalitis

Covid-19

Hepatitis A

- Endemic in many developing countries
- High mortality in elderly and pregnant women.
- Prevention by food, water, personal hygiene and immunization



Hepatitis A vaccine

- **Two** doses of **inactivated** vaccines (HAVRIX® or VAQTA®)

Protection

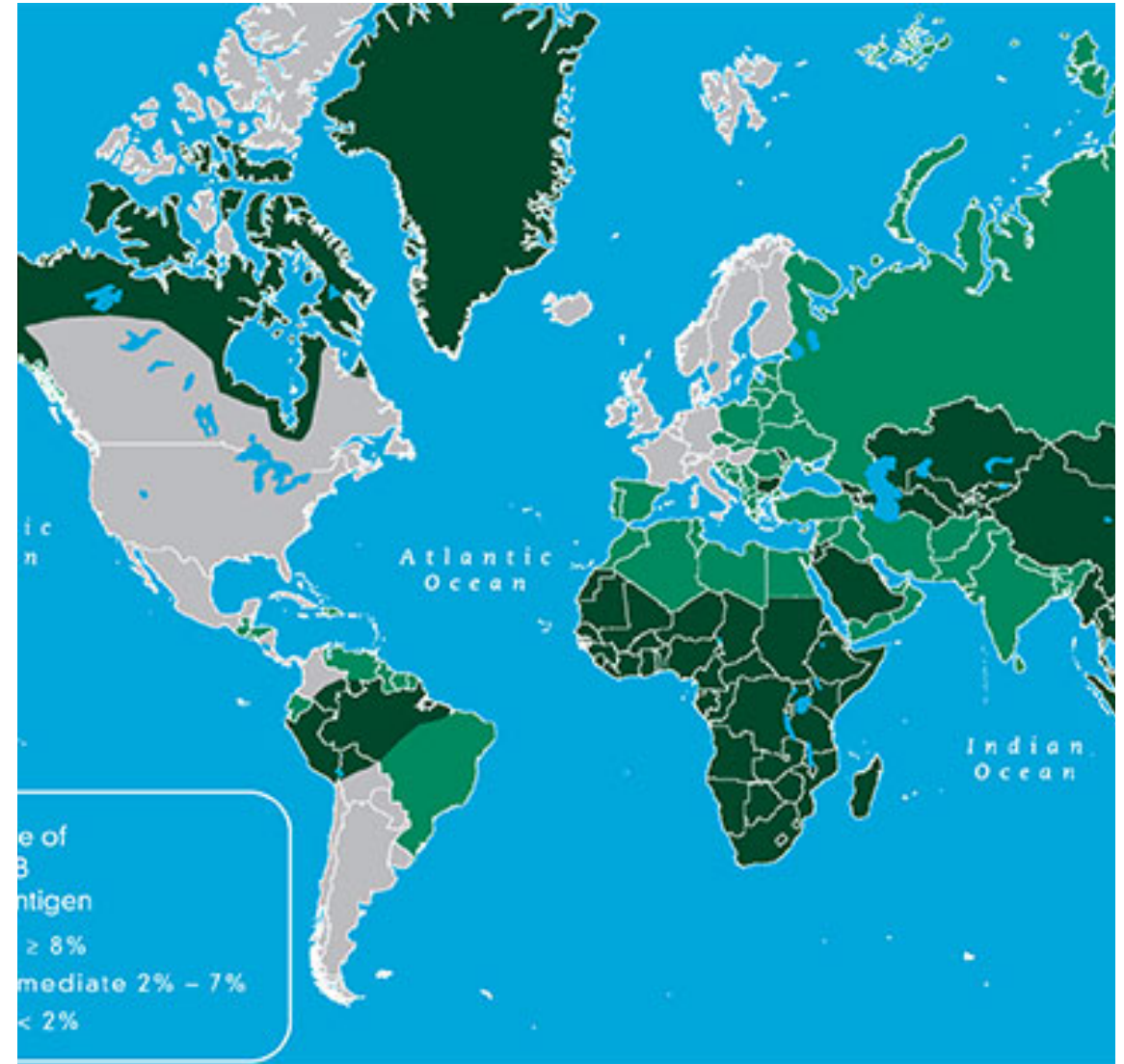
- 14 – 20 years in children
- 25 years among adults

Recommended

- Travelers to the developing countries
- 2 years and older

Hepatitis B

- Transmission: Blood-borne, sexual contact
- Prevention: Avoid risk factors, immunization

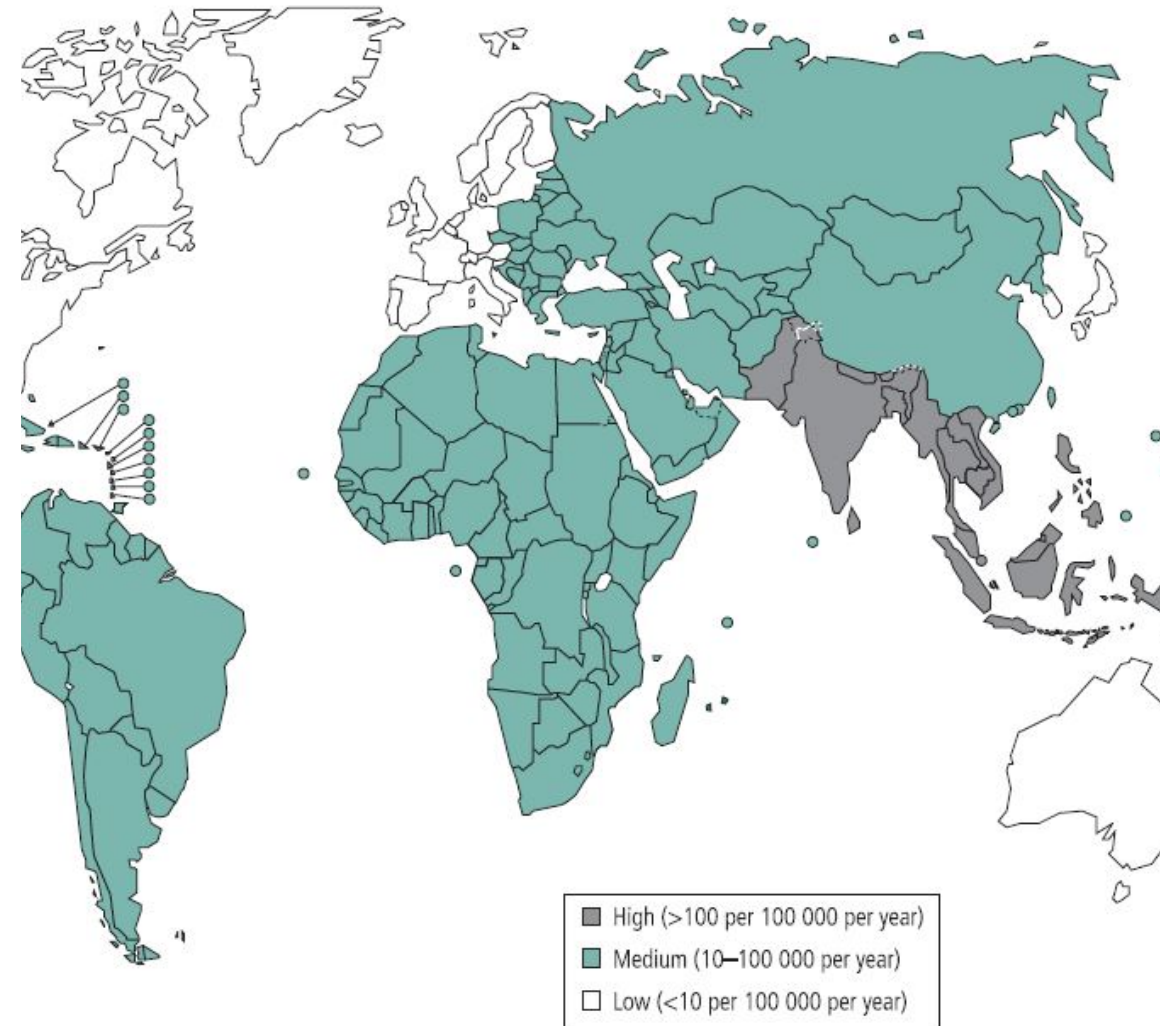


Hepatitis B vaccine

- **Recombinant** vaccine given by intramuscular **injection**
 - Monovalent or combined with hepatitis A (for those ≥ 18 years)
- ❖ Recommended for travelers to endemic areas and travelers with special risk

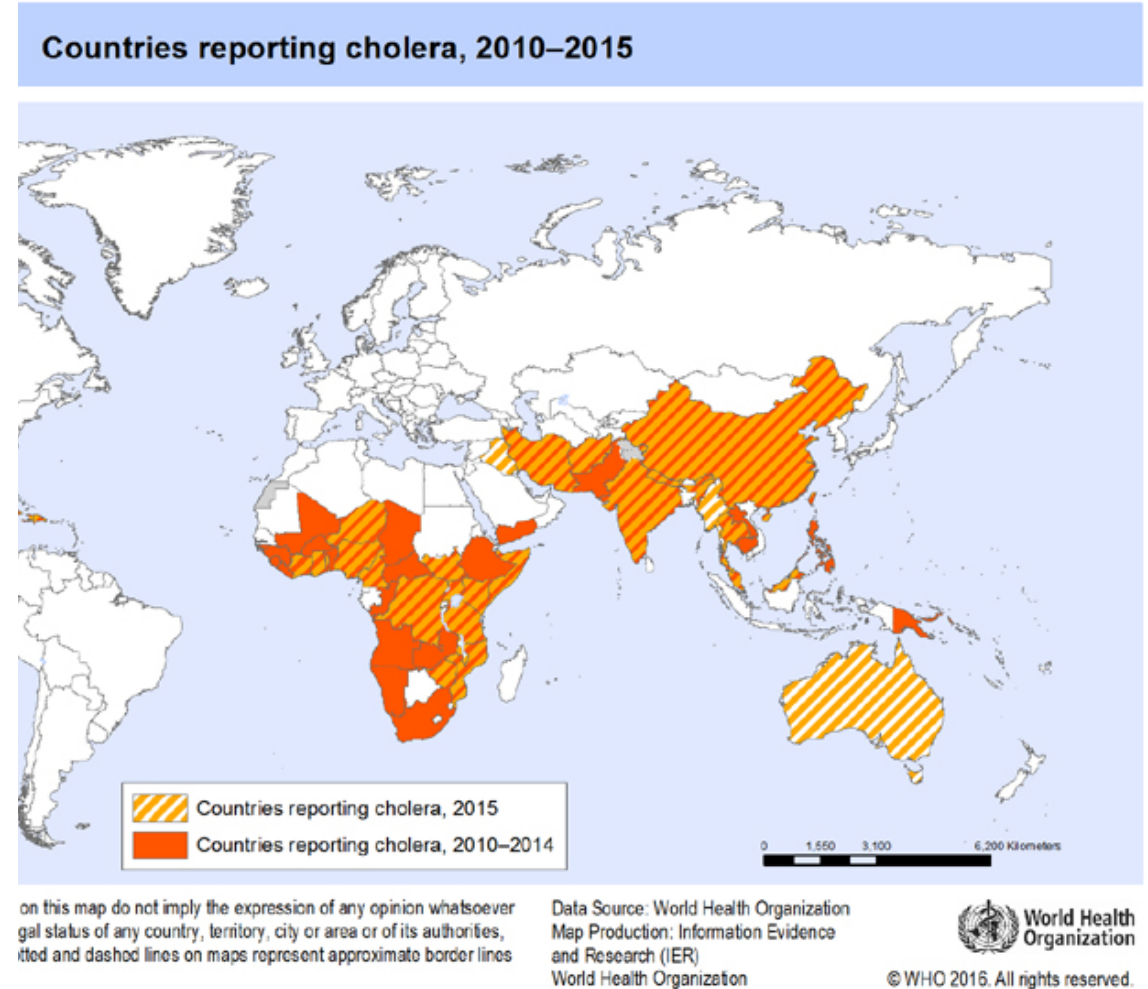
Typhoid

- Transmission: by contaminated food and water
- Prevention: food, water, personal hygiene and vaccination



Cholera

- Transmission by contaminated food or water
- Rare in travelers
- Prevention:
 - food, water and Personal hygiene
 - Vaccination (oral)



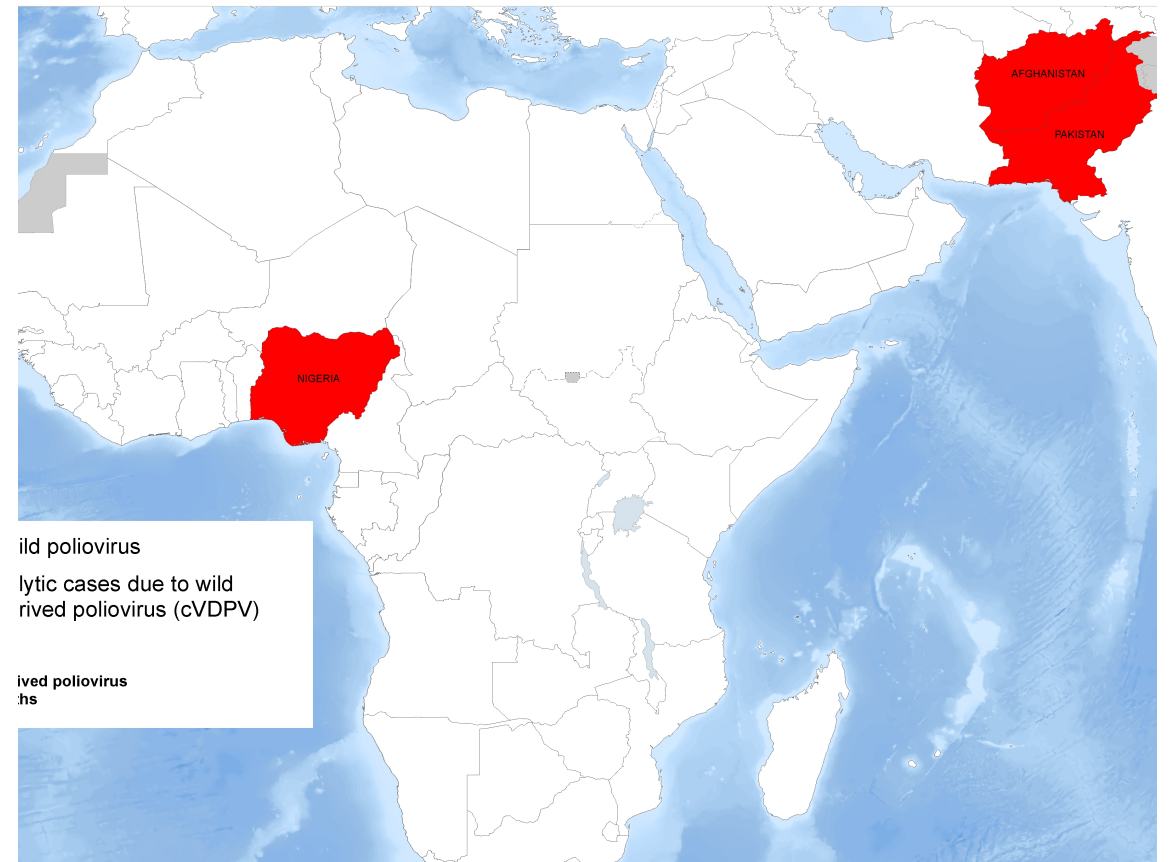
Cholera vaccine

- **Live** attenuated **oral** vaccine
- Result in 60–80% protection for 6 to 12 months
- Not effective against the new serotype O139 (spread rapidly through Asia in mid 90s)

Polio

- Transmission: contaminated food and water.
- Rare in travelers
- Prevention:
 - Food, water, personal hygiene
 - Vaccination (injectable, oral)

World Health Organization
© WHO 2014
MAP DATE: 27 APR 2015



designations used on this map do not imply the expression of World Health Organization concerning the legal status of any authorities, or concerning the delimitation of its frontiers or maps represent approximate border lines for which there may

Data Source: World Health Organization
Base Map: GEBCO
Map Production: Global Polio Eradication Initiative,
World Health Organization

Polio in Saudi Arabia

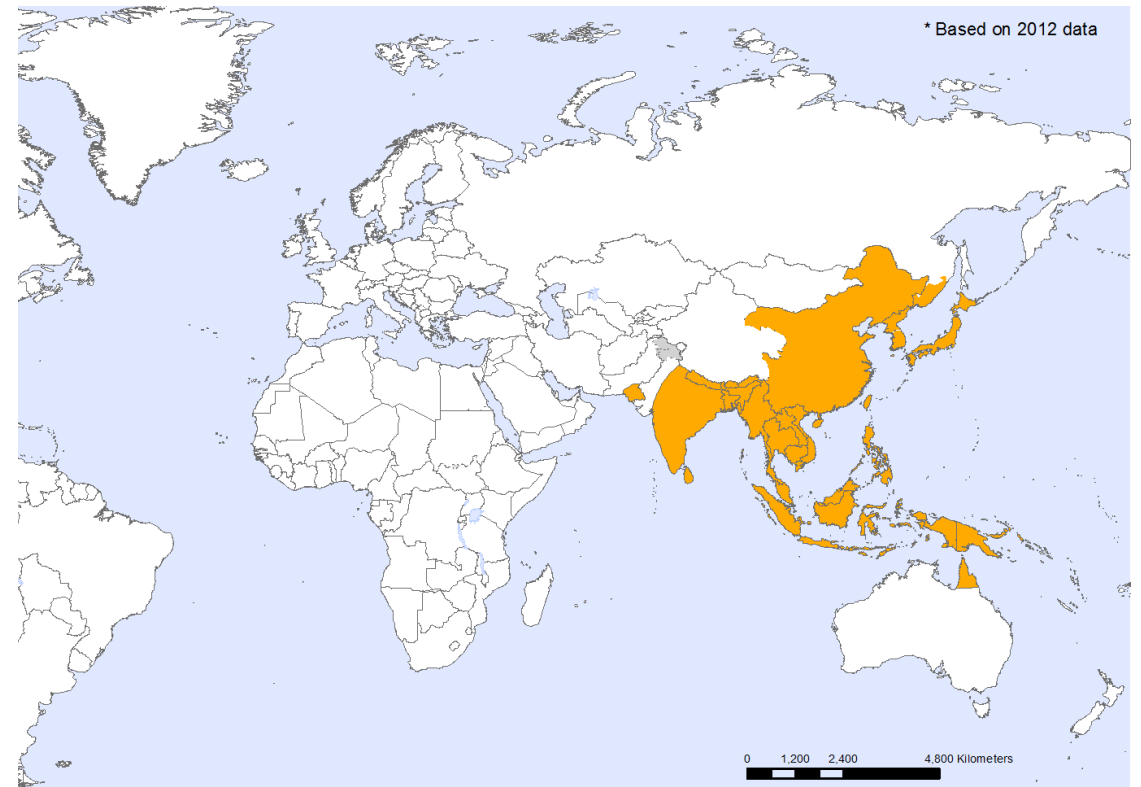
- In Saudi Arabia, proof of receipt of polio vaccine is **required** from travelers from endemic countries or countries vulnerable to infection or re-infection.
- (within the previous 12 months and at least 4 weeks prior to departure)
- All travelers from these countries will also receive 1 dose of OPV at border points on arrival in Saudi Arabia



Japanese encephalitis

- Transmission: by mosquito bite
- Risk increases in travelers to rural Asia or long stay travelers.
- Prevention: vector control and vaccination

Japanese encephalitis, countries or areas at risk*



this map do not imply the expression of any opinion whatsoever status of any country, territory, city or area or of its authorities, and dashed lines on maps represent approximate border lines

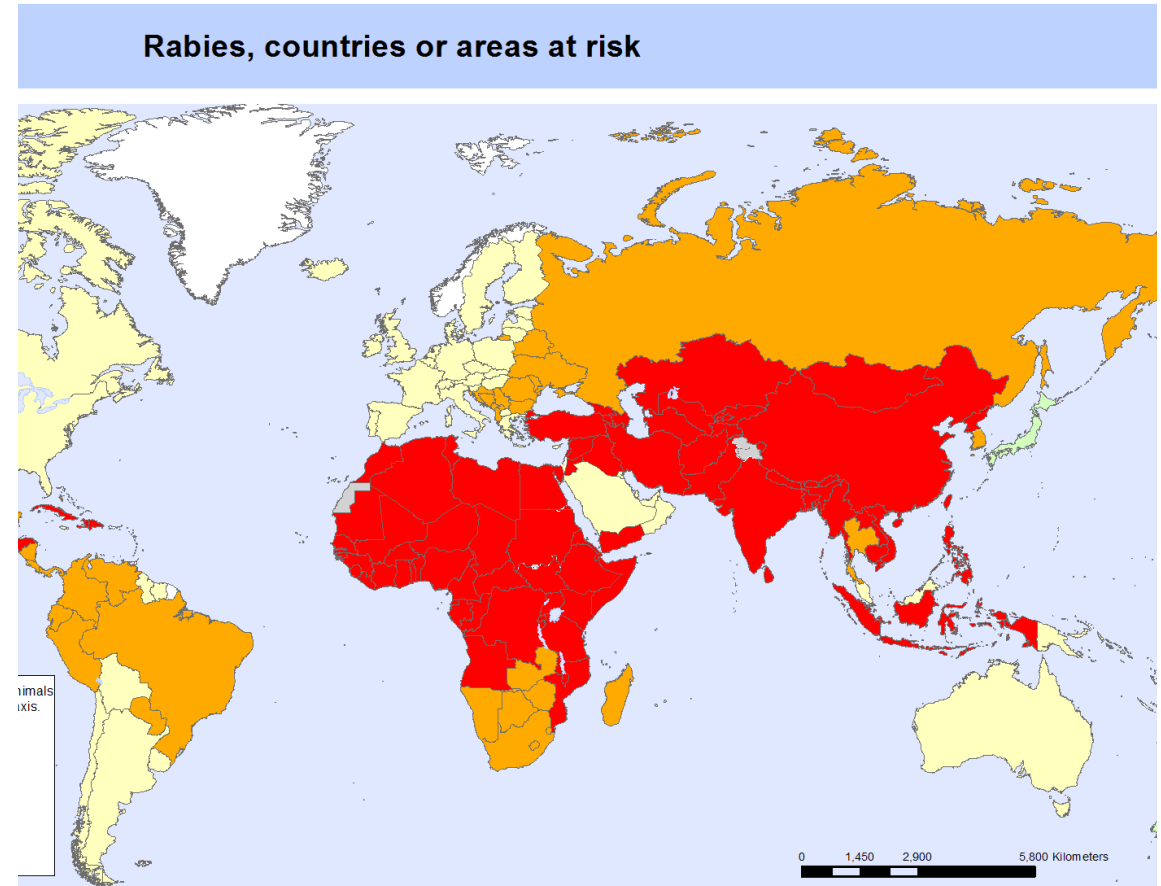
Data Source: World Health Organization/CDC
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization



© WHO 2012. All rights reserved

Rabies

- Transmission: animal bite or scratch
- Risk: occupational , travel to rabies risk countries
- Prevention; immunization
 - Preexposure
 - Post exposure
 - Immunoglobulin



ns used on this map do not imply the expression of any opinion whatsoever
g the legal status of any country, territory, city or area or of its authorities,
ries. Dotted and dashed lines on maps represent approximate border lines

Data Source: WHO Control of Neglected
Tropical Diseases (NTD)
Map Production: Health Statistics and
Information Systems (HSI)
World Health Organization



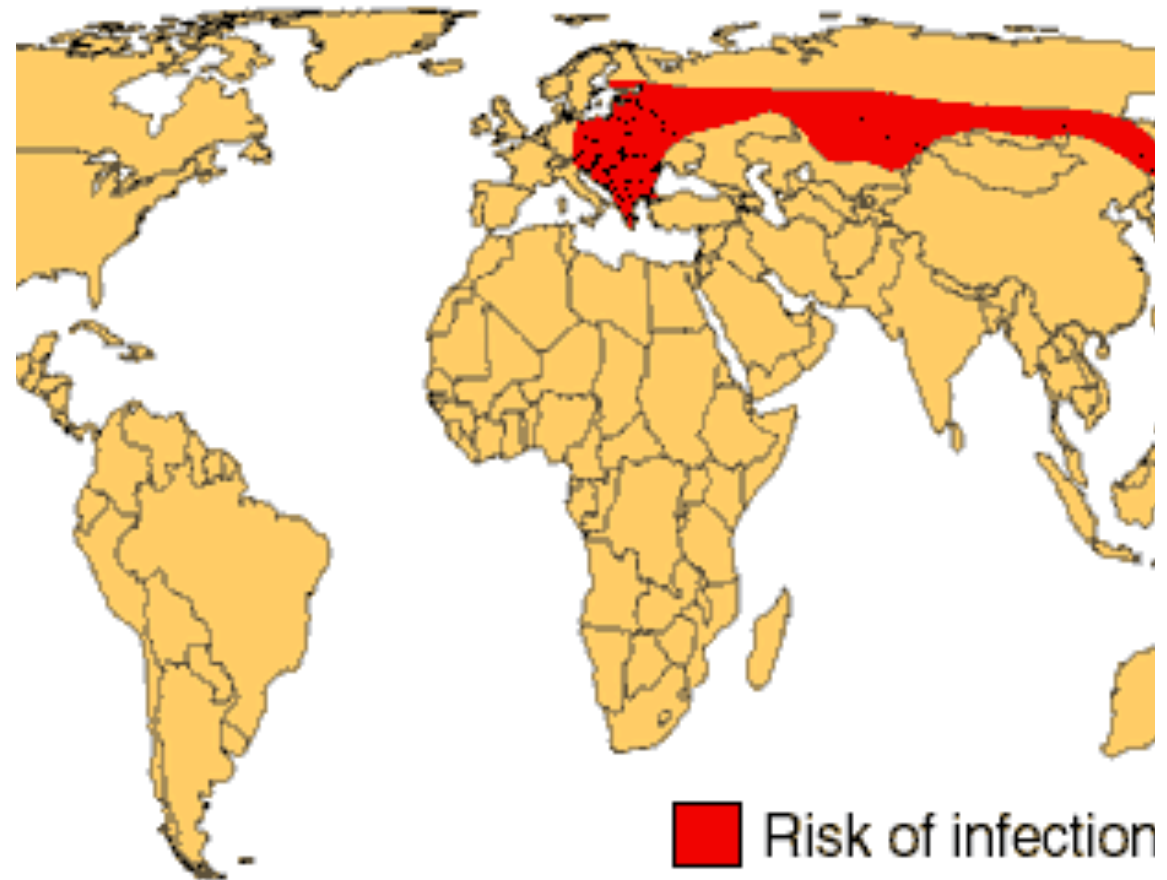
© WHO 2013. All rights reserved.

Tick-borne encephalitis

- Transmission by:
 - Ixodes sp. Ticks
 - Ingestion of unpasteurized dairy products
- Rural forested areas of east and central Europe, Russia and parts of Asia.

TBE - Tick Borne Encephalitis

European Encephalitis, Russian Spring Summer Ence



Tick-borne encephalitis

Prevention:

- Tick prevention
- Avoidance of unpasteurized dairy products
- Vaccination
- Self check and removal ASAP (tweezers)



Other vaccines – influenza

The risk

- Risk of exposure to the virus is **throughout the year in tropical and subtropical areas**
- The attack rate is 1.2–2.8% in travelers of **all age groups**

The vaccine

- Inactivated parenteral vaccine
- live attenuated vaccine administered by nasal spray (for healthy persons 5–49 years)

Recommended to travelers to

- tropics and subtropics at risk of serious related complications
- Southern Hemisphere from **April through September**

Other vaccines - Tuberculosis

The vaccine

- BCG vaccine
- Live attenuated
- Single intradermal injection

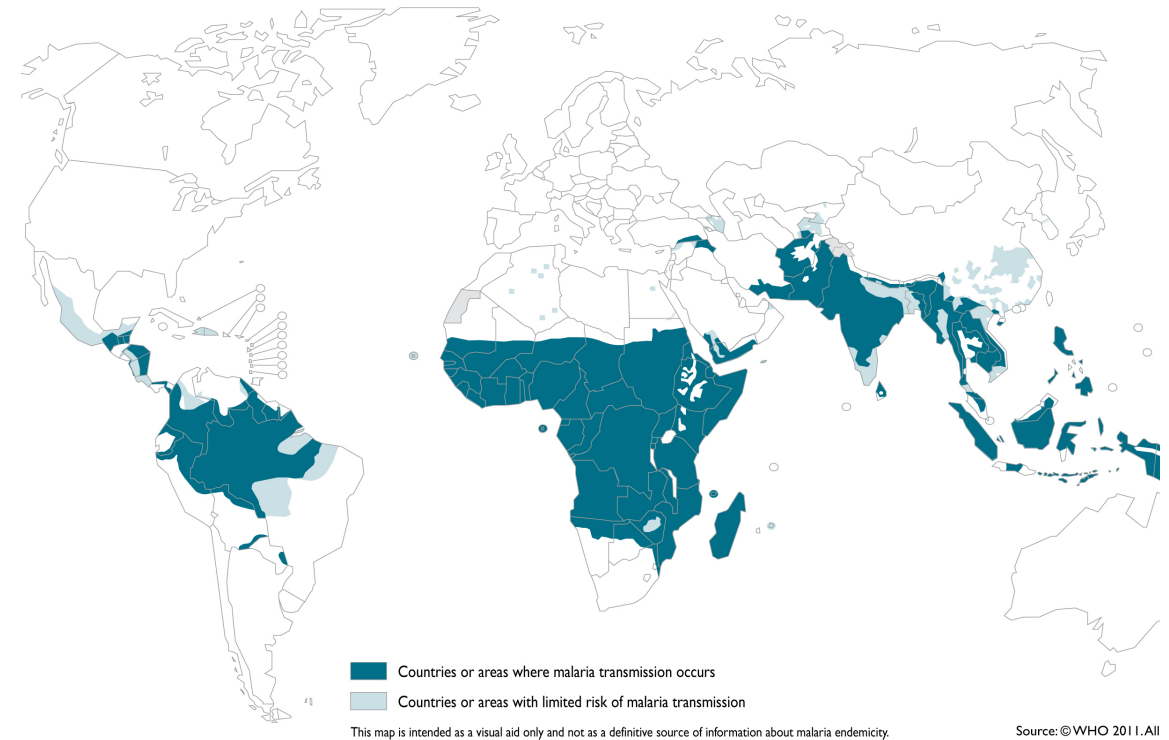
- Recommended to long stay in developing countries
- Baseline tuberculin before travel with a follow up every 1 year

Chemoprophylaxis

Malaria

- Transmission by mosquito bite
- Prevention:
 - Awareness
 - Bite avoidance
 - Chemoprophylaxis
 - Diagnosis of febrile illness
- Fever in returned traveler is a medical emergency considered malaria until proven otherwise

Malaria, countries or areas at risk of transmission, 2010



Boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization regarding the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.



Malaria chemoprophylaxis

- Proguanil (all areas)
1 – 2 days before departure, daily during the journey and 7 days after return
- Doxycycline (all areas)
1 – 2 days before departure, daily during the journey and 4 weeks

Malaria chemoprophylaxis

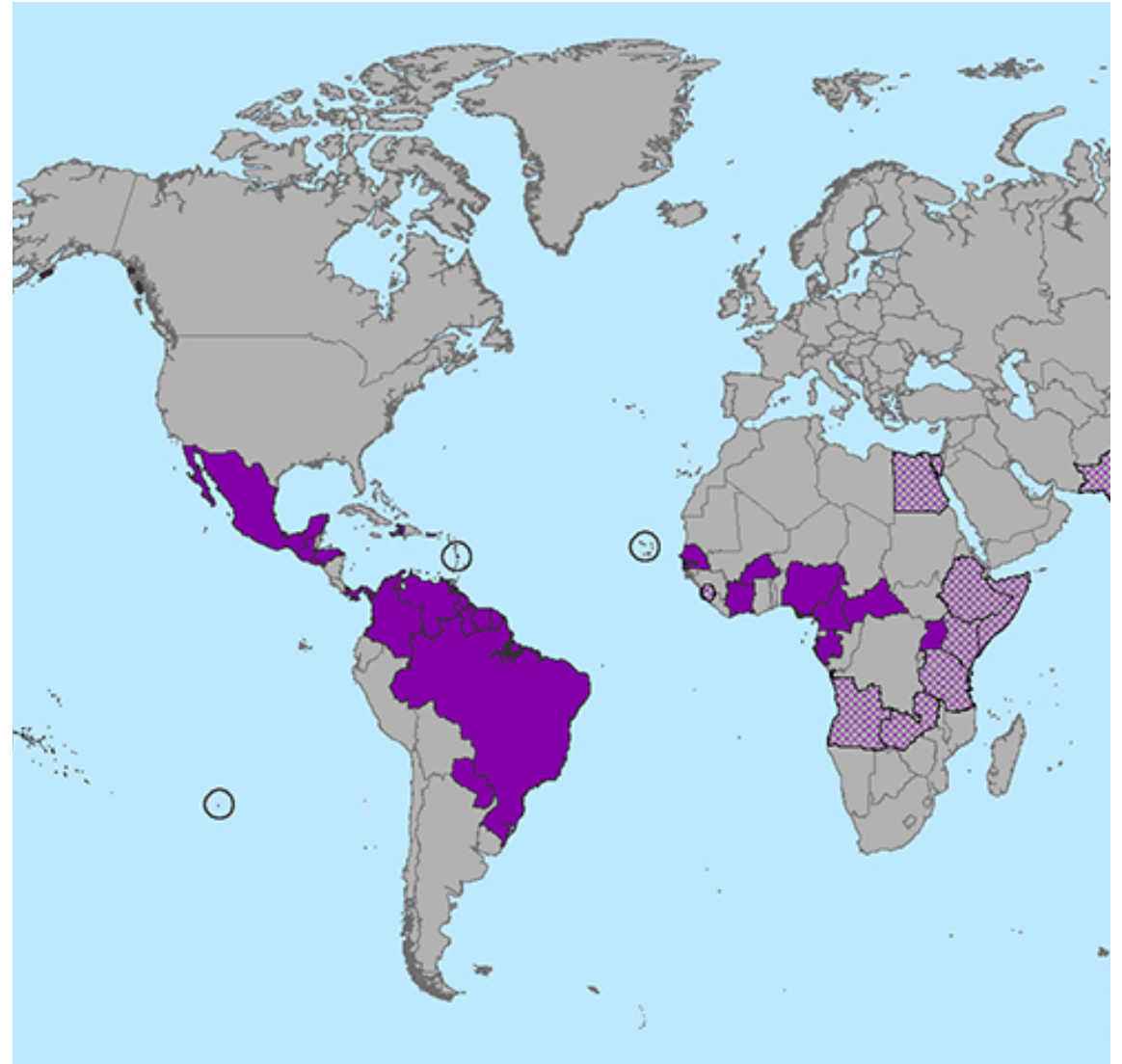
- Chloroquine
 - 1 – 2 weeks before departure, daily during the journey and 4 weeks after return
- Primaquine
 - 1 – 2 days before departure, daily during the journey and 7 days after return
- Mefloquine
 - 2 weeks before departure, daily during the journey and 4 weeks after return

Other infections



Zika virus

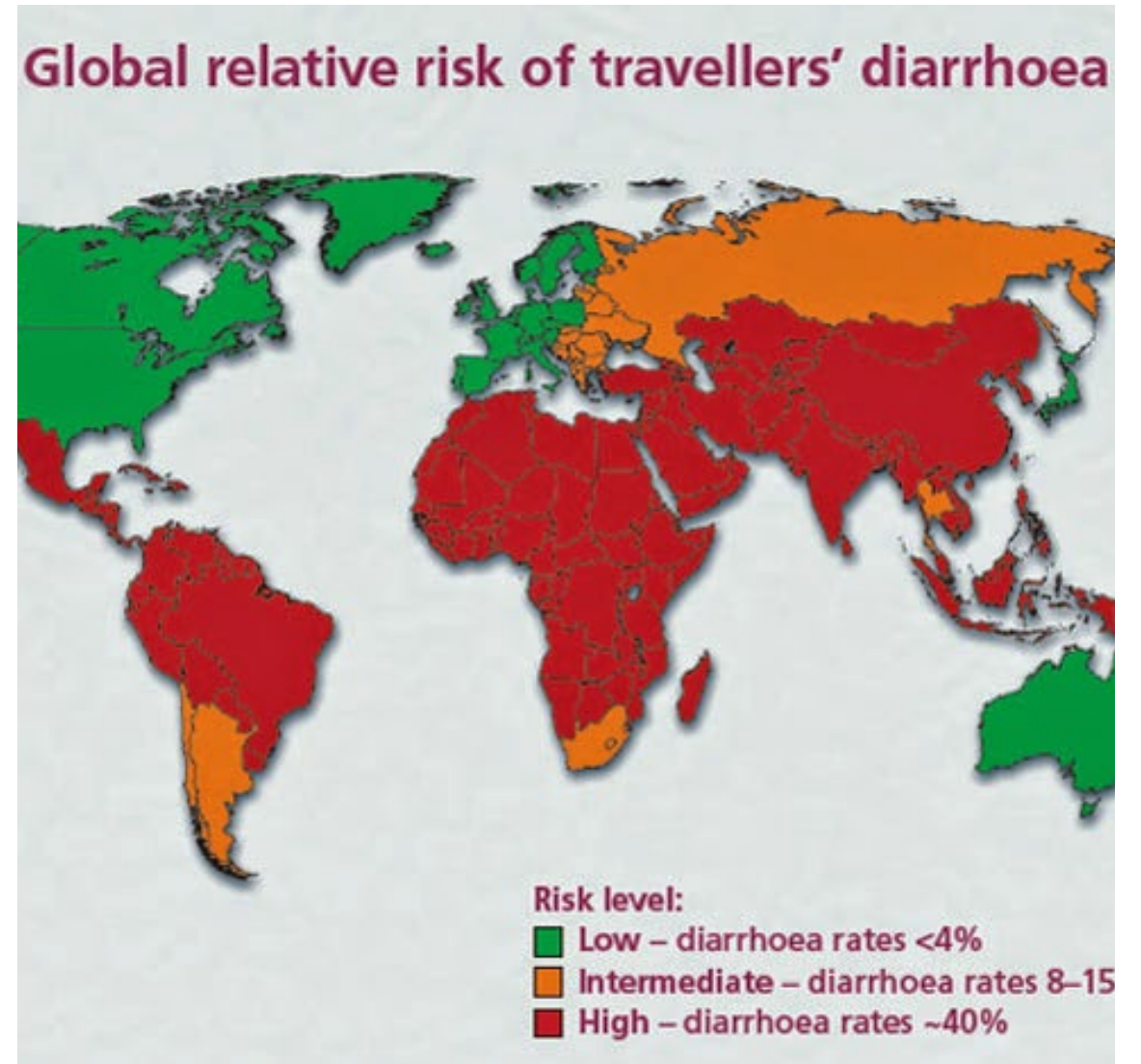
- Transmission by mosquito bite
- Risk to pregnant women → microcephaly and other brain abnormalities
- Prevention: preventing mosquito bites



Traveler's diarrhea

- **Cause:**

- Bacterial (60-80%)
- Viral (10-20%)
- Parasitic (5-10%)



Traveler's diarrhea

Prevention:

- Wash It, Peel It, Cook It, or Forget It
- Only Drink Bottled Water
- Wash hands frequently



Post-Travel Care

- Post-travel checkup
 - Long term travelers
 - Adventure travelers
 - Travelers in developing world
- Post-travel care
 - Fever, chills, sweats
 - Persistent diarrhea
 - Weight loss



Travelers' responsibilities



Responsibilities of traveler

- Decide on the travel destination and timing
- Recognize and accept risk
- Visit the general practitioner prior to traveling
- Obtain travel insurance
- Adhere to the preventive precautions
- Carry medical kits and understand its use
- Assume the responsibility of the health and safety of children
- Respect people and culture in country of destination
- Visit the general practitioner upon return

Responsibility of traveler: check status of destination

Warning level 1: Practice usual precautions

Presence of usual risk for infectious diseases as diarrheal diseases and malaria

Warning level 2: Practice enhanced precautions

Presence of MERS-CoV in Arabian Peninsula

Warning level 3: Avoid non-essential travel

Presence of outbreak (Covid-19) and adverse security situation

Responsibility of traveler: consult general practitioner

Before departure

Timing: **4 to 6 weeks**

Purpose

- Medical evaluation
- Risk assessment
- Receive preventive interventions
- Travel advice

After arrival

- Have chronic diseases
- Spent >3 months in a developing country
- Received treatment for malaria while travelling
- Exposed to a serious infectious disease while travelling
- Experienced illness in the weeks following return (fever, persistent diarrhea, vomiting, jaundice, urinary disorders, skin disease or genital infection)

Responsibility of traveler: carry emergency medical kits

- Usual prescription medications in sufficient quantities
- Essential over the counter medicines to meet common illnesses
 - Analgesics
 - Decongestant, cold medicine, cough suppressant
 - Antibiotic/antifungal/hydrocortisone creams antacid
- First aid kits
 - Band-Aids, gauze bandages, tape, Ace wraps
 - Tweezers, scissors, thermometer
- Special items according to destination
 - Insect repellent, sunscreen, lip balm

Responsibility of traveler: issue travel insurance

Required in case of

- Illness
- Accident
- Death

Covers

- Changes to the itinerary
- Emergency repatriation for health reasons
- Medical care (illness and accidents)
- Hospitalization
- Repatriation of the body in case of death.



Precautions

Food and Water Precautions

- Bottled water
- Selection of foods
 - well-cooked and hot
- Avoidance of
 - salads, raw vegetables
 - unpasteurized dairy products
 - street vendors
 - ice



Environmental Precautions

- Jet Lag
- Sun Protection
- Extreme Heat and Cold
 - dehydration, heat stroke
 - hypothermia
- Altitude
- Water recreation
 - Drowning, boating & diving accidents
 - Biological and chemical contamination



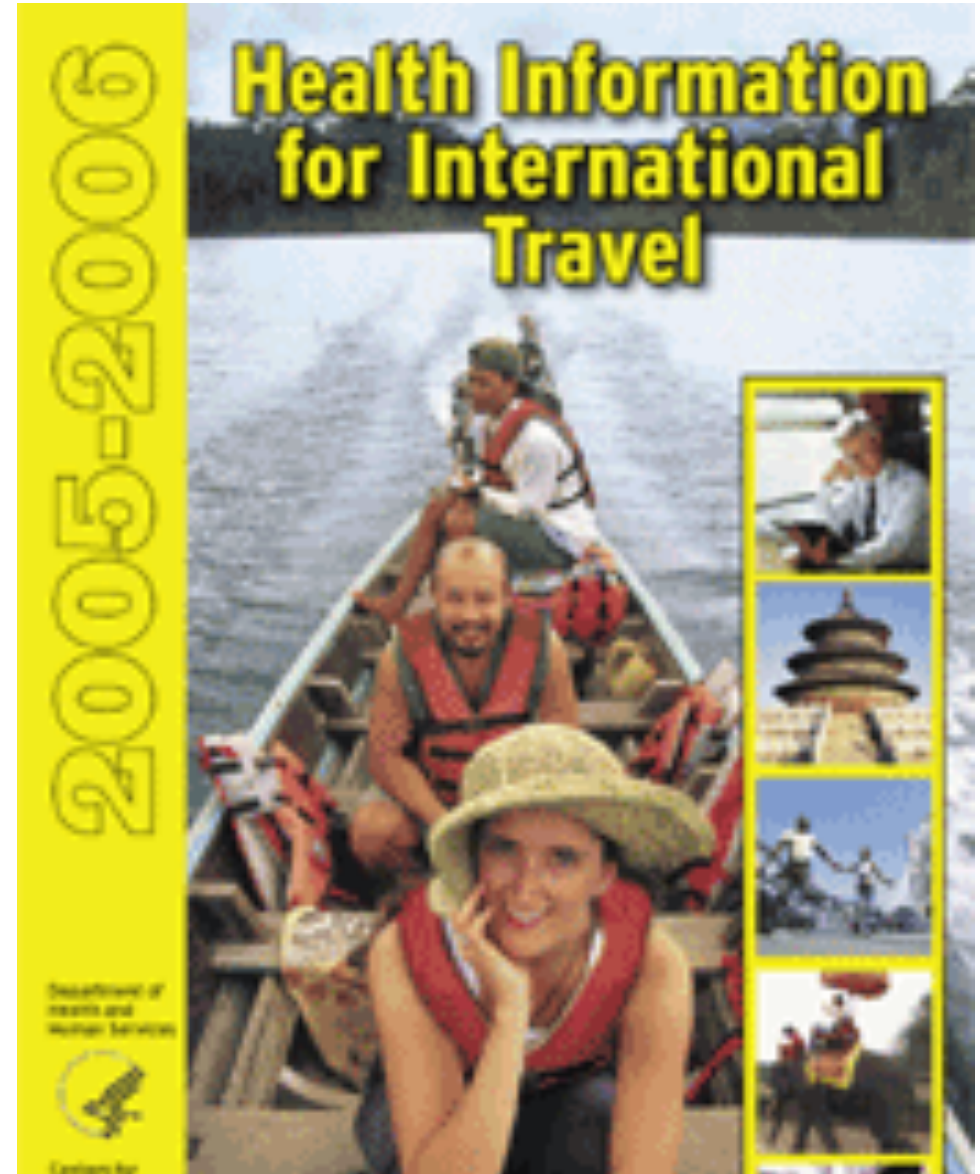
Injury and Crime

- Vehicles
 - Risk of road and pedestrian accidents
 - Night travel
 - Seat belts and car seats
- Avoid the use of drugs and alcohol
- Understanding local crime risks
 - Scam awareness
 - Situational awareness
 - Location avoidance



Travel Health Resources

- CDC Travelers' Health Website
 - www.cdc.gov/travel
- World Health Organization
 - www.who.int/int
- State Department
 - travel.state.gov
- International Society of Travel Medicine
 - www.istm.org
- Health Information for International Travel
 - CDC "Yellow Book"
- International Travel and Health
 - WHO "Green Book"





Thank you